

DHHS DIRECTOR'S OFFICE

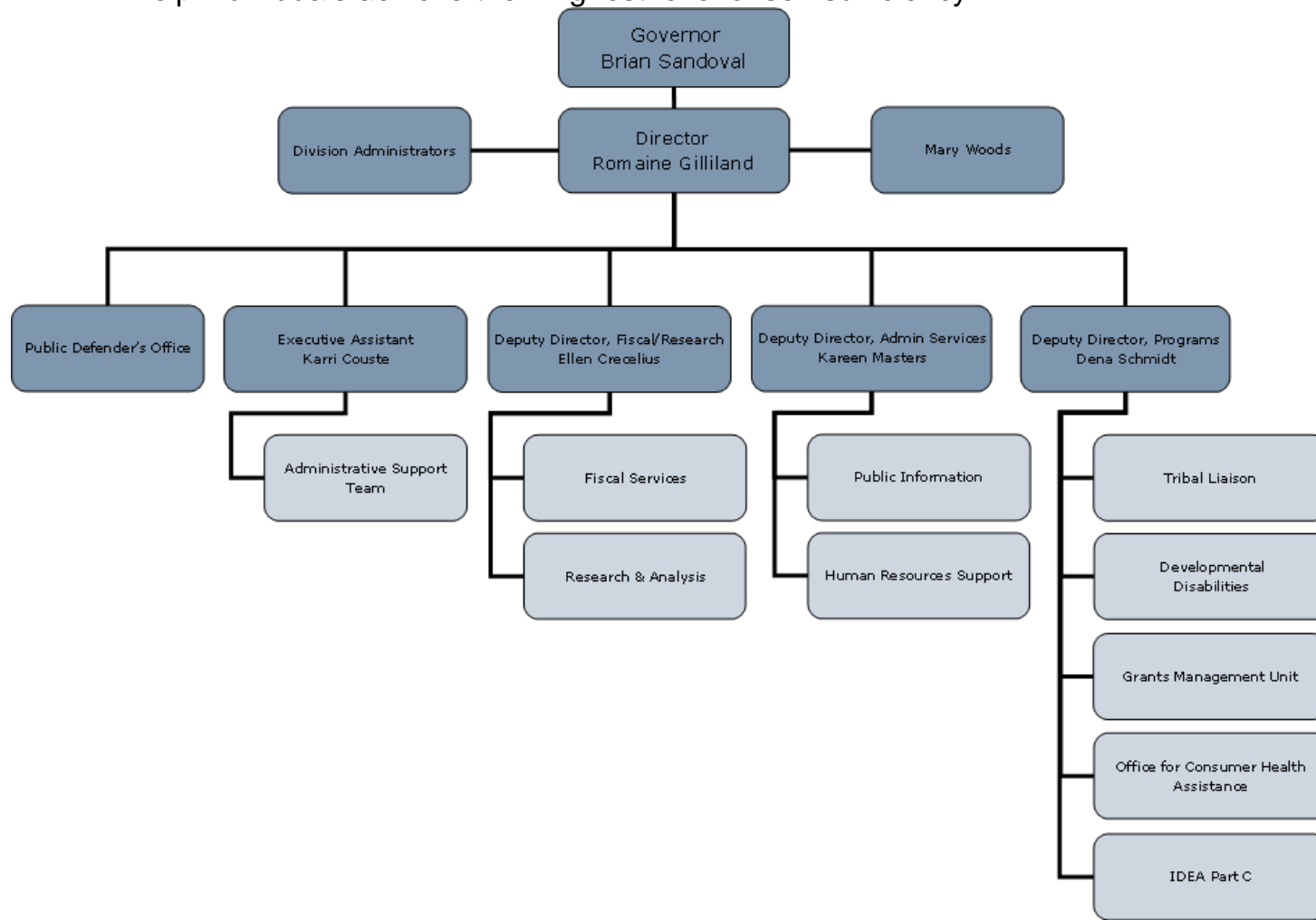
Governor's Recommended
Budget Hearing

February 6, 2015

Mission Statement and Organizational Chart

The DHHS Director's Office promotes the health and well-being of Nevadans through the delivery or facilitation of essential services to:

- Strengthen families;
- Protect public health, and
- Help individuals achieve their highest level of self-sufficiency.



Director's Office

- The Director's Office manages the various services and programs administered and operated by the Department's divisions/offices within their respective subject areas.
- Director's Office Areas/Programs:
 - Administration;
 - Cross-Divisional Coordination;
 - Grants Management Unit;
 - Office for Consumer Health Assistance;
 - Office of Food Security;
 - Developmental Disabilities Council;
 - Part C of the Individuals with Disabilities Education Act; and
 - State Public Defender's Office.

Summary by Budget Account

Current Biennium	Fiscal Year 2014				Fiscal Year 2015			
Agency 400 - Director's Office	General Fund	Federal Funds	Other	Total	General Fund	Federal Funds	Other	Total
3150 - Administration	1,119,675	2,171,574	769,221	4,060,470	1,177,800	-	357,869	1,535,669
3195 - Grants Management Unit	138,850	17,768,260	8,778,714	26,685,824	160,683	18,221,012	9,660,054	28,041,749
3204 - Consumer Health Assistance	185,260	143,534	1,093,607	1,422,401	304,910	115,593	939,122	1,359,625
Total Budget Accounts	1,443,785	20,083,368	10,641,542	32,168,695	1,643,393	18,336,605	10,957,045	30,937,043
				<i>Biennial Total</i>	<u>3,087,178</u>	<u>38,419,973</u>	<u>21,598,587</u>	<u>63,105,738</u>
Governor's Recommended Budget	Fiscal Year 2016				Fiscal Year 2017			
Agency 400 - Director's Office	General Fund	Federal Funds	Other	Total	General Fund	Federal Funds	Other	Total
3150 - Administration	1,381,438	-	307,545	1,688,983	1,385,904	-	379,144	1,765,048
3195 - Grants Management Unit	203,212	17,424,150	9,486,151	27,113,513	217,627	17,435,994	9,392,578	27,046,199
3204 - Consumer Health Assistance	282,151	106,283	795,488	1,183,922	287,611	109,209	804,535	1,201,355
Total Budget Accounts	1,866,801	17,530,433	10,589,184	29,986,418	1,891,142	17,545,203	10,576,257	30,012,602
				<i>Biennial Total</i>	<u>3,757,943</u>	<u>35,075,636</u>	<u>21,165,441</u>	<u>59,999,020</u>

3150 Administration

B000 Base

- Continues funding for 16 positions and associated operating costs.

E225 New IT Professional 2 Position

- This decision unit is requesting one full-time IT Professional 2 position that will provide IT support to the Director's Office main office, as well as six (6) additional satellite offices located in Carson City (2 locations), Las Vegas (2 locations), Ely and Elko. The duties associated with this new position have been performed in the past by various IT staff from other agencies at no charge, as well as contracted IT support provided by Computer Technical Services (CTS) in locations that have no donated support available. **Year 1 - \$91,287 and Year 2 - \$91,604.**

E228 Out-of-State Travel and Training

- This decision unit is requesting funds for out-state-travel to be used by the Director - \$1,450 both years. This funding will provide for one (1) out-of-state trip, as needed. In addition, this decision unit restores training funds to match the SFY15 amount. Due to time constraints during the base year, Director's Office staff was not able to utilize training funds as budgeted - \$5,087 both years. **Both Years - \$6,537.**

3150 Administration (cont.)

E275 Change Funding of Tribal Liaison Position

- This decision unit is requesting to change the funding source of the Tribal Liaison position in the Director's Office to 100% State General Funds. This position is currently funded through a transfer from the Division of Public and Behavioral Health, Public Health Preparedness Program. The role of this position has shifted over the years in that it is no longer working mainly on Public Health Preparedness coordination and outreach with the tribes in Nevada. The position now performs work on behalf of all the divisions in the Department of Health and Human Services. It would be more appropriate to fund this position using State General Funds as the work being performed by this position benefits the department as a whole.
- The DHHS Tribal Liaison serves as a critical position to ensure open communication is maintained between Nevada tribes and DHHS. This position has allowed for more timely resolution of concerns, as well as created a process for DHHS to gain valuable input regarding policy and procedures from Nevada tribes. **Year 1 - \$81,906 and Year 2 - \$84,070.**

3195 Grants Management Unit

- The Grants Management Unit awards funds to state agencies and community organizations that offer services designed to:
 - Increase self-sufficiency;
 - Provide support to at-risk individuals and families, and
 - Prevent/reduce child abuse and neglect.
- Currently, the unit serves two policy and oversight committees: the Grants Management Advisory Committee and the Advisory Committee on Problem Gambling.
- Among the funding sources administered by the Grants Management Unit, there are two federal block grants - Community Services Block Grant (CSBG) and Social Services Block Grant (Title XX).
- Funding for the CSBG grant is holding stable and no major shifts are requested.
 - CSBG funds are distributed through a federally-approved allocation formula to 12 designated Community Action Agencies around the state.
- Funding for the Title XX grant has decreased slightly over the past few years due to sequestration.
 - Title XX funds are distributed partly through a competitive process and partly through legislative mandate.
 - Adjustments to state agency grantee awards have been made to offset the reductions to the federal award.

3195 Grants Management Unit (cont.)

B000 Base

- *Continues funding for 9 positions and associated operating costs.*

E225 New Part-Time 2-1-1 Coordinator

- This decision unit requests to establish a new .51 Full Time Equivalent (FTE) Social Services Program Specialist II to be the Statewide 2-1-1 Coordinator plus associated operating expenses. This position will be funded with Funds for a Healthy Nevada. The Statewide 2-1-1 Coordinator will be responsible for administering the Memorandum of Understanding that governs the Nevada 2-1-1 partnership and collaborates with Information and Referral (I&R) providers across the state to implement the Nevada I&R Strategic Plan. Additional information on the 2-1-1 program can be found on Page 19 under the section on Tobacco spending. **Year 1 - \$51,935 and Year 2 - \$51,349.**

E226 Increase

- This decision unit requests funds to increase the disability grants and family resource centers grants based on the outcome of a community needs assessment. The requested increase reflects the difference between the FY 2015 legislatively-approved level and the anticipated expenditures for the 2015-2017 biennium. **Both Years - \$432,006**

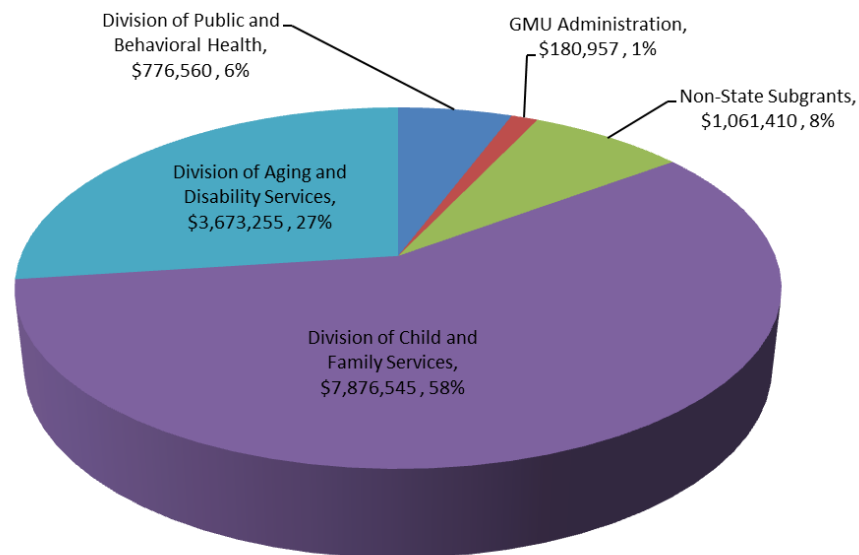
3195 Grants Management Unit (cont.)

SOCIAL SERVICES BLOCK GRANT (SSBG) - TITLE XX			
Budget Period: 2015-2017 BIENNIUM (FY16-17)			
Budget Account: 3195 HHS - GRANTS MANAGEMENT UNIT			
Version: GOVERNOR'S RECOMMENDED			
Catg	Description	Requested	
		SFY16	SFY17
33	HEALTH DIV-IMMUNIZATIONS (3224)	184,895	184,895
35	NON-STATE CHILD ABUSE	1,061,410	1,061,410
40	AGING HOMEMAKER PROGRAM - ADMIN (3266)	172,569	172,569
41	AGING HOMEMAKER PROGRAM (3266)	2,342,008	2,342,008
42	DCFS CHILD WELFARE - RURAL (3229)	1,688,711	1,688,711
42	DCFS CHILD WELFARE - WASHOE COUNTY (3141)	653,297	653,297
42	DCFS CHILD WELFARE - CLARK COUNTY (3142)	1,947,565	1,947,565
44	DCFS NN CHILD ADOLESCENT (3281)	1,392,879	1,392,879
45	DCFS SN CHILD AND ADOLESCENT (3646)	2,107,808	2,107,808
46	DCFS NV YOUTH TRAINING CENTER (3259)	86,285	86,285
47	ADSD RURAL REGIONAL CENTER (3167)	172,569	172,569
48	ADSD DESERT REGIONAL CENTER (3279)	727,255	727,255
49	ADSD SIERRA REGIONAL CENTER (3280)	258,854	258,854
50	DPBH SNAMHS (3161)	591,665	591,665
	Title XX Admin:	180,957	186,175
	Total Title XX Budget Amount:	13,568,727	13,573,945

3195 Grants Management Unit (cont.)

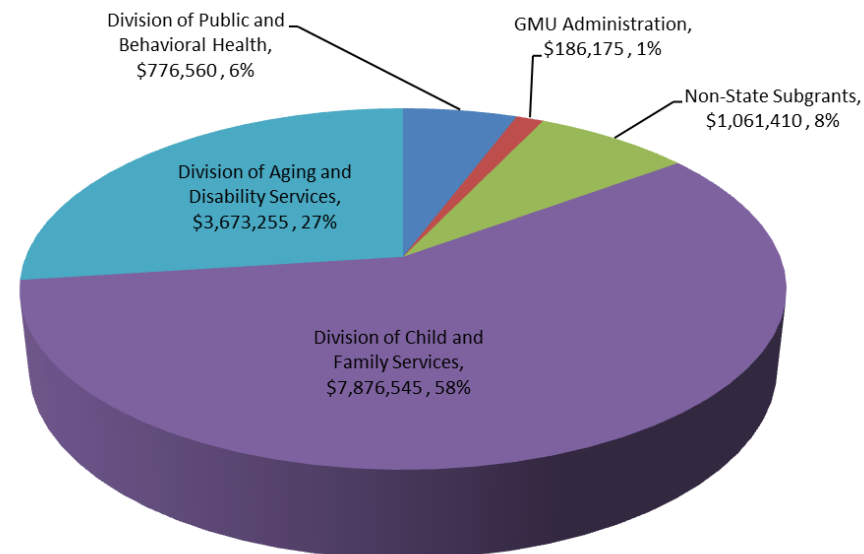
Social Services Block Grant - Title XX

SFY16 Allocation



\$13,568,727

SFY17 Allocation



\$13,573,945

\$27,142,672
Biennium Total

Tobacco Master Settlement Funds

Revenue

- The tobacco master settlement payment is currently over **\$7 billion** with Nevada receiving approximately **0.6%** of the total payment. The payments are not a set amount; however, they are influenced by the overall cigarette market and national inflation.
- Tobacco settlement annual payments are made on April 15th of every year and balanced forward to be expended in the next state fiscal year.
- Beginning in 2018:
 - Nevada will no longer receive the Strategic Contribution;
 - Nevada will no longer be paying back settlement credits; and
 - Resulting in overall reduction to DHHS' annual payment by approximately **\$2.68 million**.

Tobacco Settlement Funds:									
Award Year	Annual Payment	Strategic Contribution	Settlement Credits	Total Payment	Less AG	Less Taxation	Remaining	60% DHHS Amount	SFY Funds Expended
2015	35,505,771	7,523,035	(3,257,788)	39,771,018	(750,759)	(224,734)	38,795,525	23,277,315	2016
2016	35,168,470	7,451,567	(3,257,788)	39,362,249	(750,759)	(224,734)	38,386,756	23,032,054	2017
2017	34,835,650	7,381,294	(3,257,788)	38,959,156	(750,759)	(224,734)	37,983,663	22,790,198	2018
2018	34,503,440	-	-	34,503,440	(750,759)	(224,734)	33,527,947	20,116,768	2019

- The projected future payments will not be able to sustain the requested spending during the next biennium or beyond.
 - FY16 and FY17 budget request is based on FY14 spending that included a one-time supplemental payment of \$12 million balanced forward from FY13.

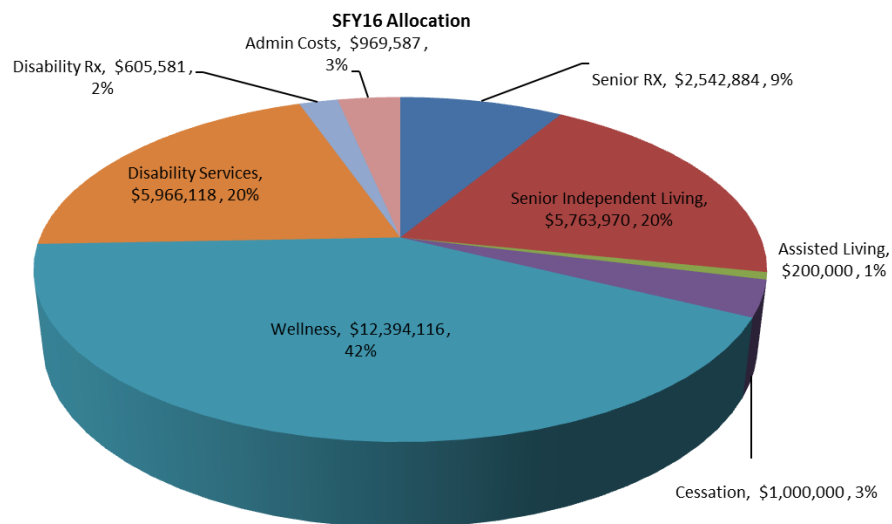
Tobacco Master Settlement Funds

Expenditures

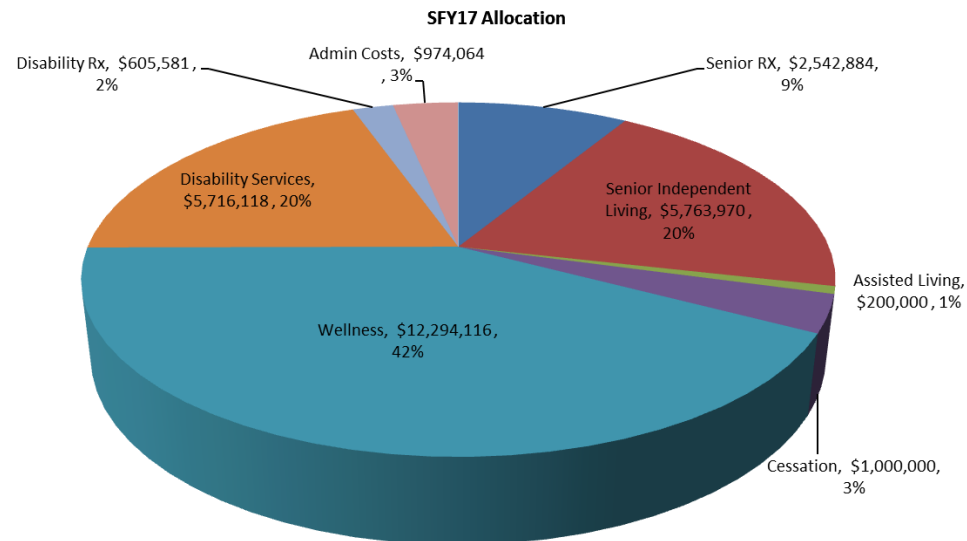
- A portion of funding from the Master Tobacco Settlement is budgeted in the Director's Office, with the remainder of the funds being budgeted across several divisions within DHHS.
- Distribution of funds:
 - Per NRS 439.630, allocations reflect recommendations of community needs and priorities submitted to the DHHS Director by three advisory boards:
 - Grants Management Advisory Committee;
 - Commission on Aging, and
 - Commission on Services for Persons with Disabilities.
 - Their recommendations were based on research, surveys, and public hearings conducted statewide during FY14.
- The DHHS Director considered the recommendations of the three advisory boards and NRS directives to maximize federal funding and avoid duplication of other funding. This process led to the allocation plan proposed for the next biennium.
- The following charts and table provide the details of the Director's plan across the department.

Tobacco Master Settlement Funds

Tobacco Funding Allocation Breakdown



\$29,442,256



\$28,363,425

\$57,805,681
Biennium Total

Tobacco Master Settlement Funds

Tobacco Funding Allocation 2015-17 Biennium

Use Category	Existing	Restore	Total 16/17
Senior Rx	5,085,768		5,085,768
Disability Rx	1,211,162		1,211,162
Senior Independent Living	9,968,680	1,559,260	11,527,940
Assisted Living	400,000		400,000
Cessation	2,000,000		2,000,000
Wellness			
Suicide Prevention	800,000		800,000
Hunger	4,600,000		4,600,000
Immunization	700,000		700,000
2-1-1 Support	1,000,000	400,000	1,400,000
OCHA Ombudsmen	360,000		360,000
Children's Mental Health	4,903,480		4,903,480
Adult Mental Health	5,476,776		5,476,776
Differential Response	2,840,000		2,840,000
Family Resource Centers	2,600,000	274,668	2,874,668
Disability Services			
Respite	1,300,000	50,000	1,350,000
Positive Behavior Support	650,000	30,000	680,000
Independent Living Grants	650,000	509,344	1,159,344
Traumatic Brain Injury	890,000		890,000
Alzheimer's Taskforce Support	99,164		99,164
Autism	5,103,728		5,103,728
Family Preservation	2,400,000		2,400,000
ADSD Admin	848,438		848,438
Director's Office Admin	970,525		970,525
Treaurer's Office Admin	124,688		124,688
TOTAL:	54,982,409	2,823,272	57,805,681

Tobacco Master Settlement Funds

Requested Increases in BA 3195

2-1-1 Support – Additional \$200,000 per year

Purpose and Funding:

- 2-1-1 connects people with community services/resources and volunteer opportunities. It also provides support for community crisis and disaster recovery.
 - 2-1-1 is available 24 hours per day, seven days per week.
- *The requested budget includes 2-1-1 funding of \$730,000 in both years of the biennium:*
 - \$700,000 per fiscal year from the Grants Management Unit (B/A 3195).
 - \$30,000 per fiscal year from the Division of Public and Behavioral Health, Maternal and Child Health Services (B/A 3222).

Family Resource Centers – Additional \$137,334 per year

(Included in Decision Unit E226)

- Family Resource Centers (FRCs) were established by legislation in 1995 ([NRS 430A](#)). The state is divided into 18 Service Areas with an FRC providing information, referrals, and case management to residents in each Service Area, defined by residential zip code. FRCs collaborate with local and state agencies and organizations to help individuals and families access needed services and support.
- FRCs have become a critical component of the human services network. They serve as the foundation for the Differential Response program and are considered a trusted partner in the ongoing effort to reach individuals and families eligible for food benefits.

Tobacco Master Settlement Funds

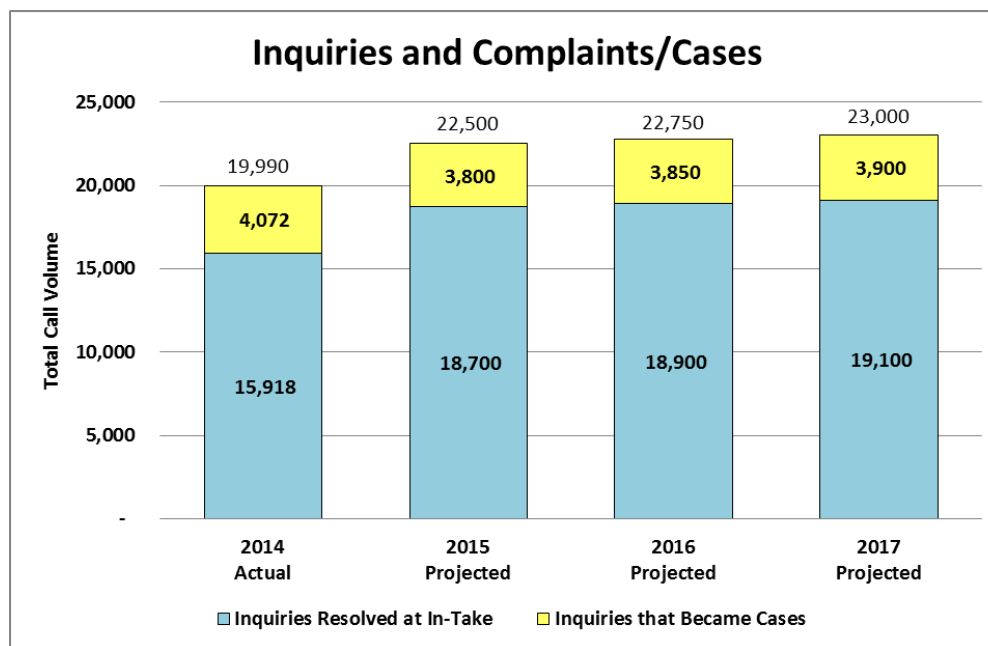
Requested Increases in BA 3195

Disability Services Grants – Additional \$294,672 per year (Included in Decision Unit E226)

- Respite Care;
 - Positive Behavior Support; and
 - Independent Living Grants.
-
- Services for Persons with Disabilities and their Caregivers was among the top four priorities identified in the 2014 Grants Management Advisory Committee needs assessment. Programs and services within this category were also cited as priorities in the needs assessments conducted by the Commission on Services for Persons with Disabilities and the Commission on Aging.

3204 Office for Consumer Health Assistance

- The Office for Consumer Health Assistance (OCHA) provides a single point of contact for consumers regarding health care issues.
- OCHA responds to inquiries and complaints and provides information and assistance to consumers regarding health insurance, their rights and responsibilities, hospital billing, and obtaining health care.



- OCHA houses the Bureau of Hospital Patients and the Office of Minority Health, which works to improve the health of minorities.
- During calendar year 2014, the office received nearly 20,000 inquiries and opened and investigated more than 4,072 cases from complaints.

3204 Consumer Health Assistance (cont.)

B000 Base

- *Continues funding for 8 positions and associated operating costs.*

E492 Expiring Grant Funding

- This decision unit eliminates the Silver State Health Insurance Exchange subgrant which provided funding for four ombudsmen to accommodate the influx of inquiries and complaints by the public as the ACA insurance mandate was rolled out.
- Additional funding was identified that provides funding for 3 of the 4 ombudsmen positions that were slated to be eliminated at the end of SFY15. The funding is as follows:
 - Funding from the DBPH Health Facilities budget:
 - For an ombudsman who will be responsible for receiving initial complaints regarding quality and safety in a hospital setting and referring appropriate complaints to the Bureau of Health Care Quality and Compliance, as well as provide follow up with the constituents once the investigation has been completed. The ombudsman will ensure the constituent's concerns are addressed and that there is a mutual understanding of the results of the investigation.
 - Funding from the Division of Public and Behavioral Health (DPBH) Administration budget:
 - Provides half the funding for an ombudsman in northern Nevada who will continue to respond to inquiries and complaints and provides information and assistance to consumers regarding health insurance, their rights and responsibilities, hospital billing, and access to and enrollment in appropriate health care. In addition they will continue to participate in community outreach, site visits, and education events.
 - Funding from the Fund for Healthy Nevada (tobacco settlement):
 - For the other half of funding needed for the ombudsman in northern Nevada and also funding for another ombudsman in Las Vegas who will continue to respond to inquiries and complaints and provides information and assistance to consumers regarding health insurance, their rights and responsibilities, hospital billing, and access to and enrollment in appropriate health care. In addition they will continue to participate in community outreach, site visits, and education events. It is expected that these two ombudsmen will continue to provide assistance with the implementation and roll-out of the ACA.

APPENDICES

Tobacco Settlement Funds Summary by NRS/Use Category

Tobacco Settlement Funds Summary by Budget Account

Tobacco Settlement Funds Spending Plan

Acronyms

Tobacco Settlement Funds Summary by NRS/Use Category

Tobacco Settlement Fund Department of Health and Human Services SFY15 through SFY17

Use Category	SFY15 Revised	SFY16 Budget	SFY17 Budget
Balance Forward from Previous Year:	44,505,803	35,717,095	29,408,196
439.630(c) - Seniors:			
- Administrative costs (ADSD - 3156)	(157,116)	(157,116)	(157,116)
- Senior Rx (ADSD - 3156)	(2,542,884)	(2,542,884)	(2,542,884)
439.630(d) - Senior Independent Living (ADSD)			
- Administrative costs (ADSD - 3140)	(247,684)	(247,684)	(247,684)
- Senior Independent Living (ADSD - 3140)	(4,984,340)	(5,763,970)	(5,763,970)
439.630(e) - Assisted Living (ADSD - 3140)	(200,000)	(200,000)	(200,000)
439.630(f) - Cessation (DPBH - 3220)	(1,000,000)	(1,000,000)	(1,000,000)
439.630(g) - Wellness:			
- Administrative costs (DO - 3195)	(358,342)	(421,311)	(426,137)
- Suicide Prevention (DPBH through DO - 3195)	(500,000)	(400,000)	(400,000)
- Hunger (DO - 3195)	(2,300,000)	(2,300,000)	(2,300,000)
- Immunization (DPBH through DO - 3195) ⁽¹⁾	(500,000)	(400,000)	(300,000)
- 2-1-1 Support (DO - 3195)	(500,000)	(700,000)	(700,000)
- Health Access (DO - 3195)	(300,000)	-	-
- Differential Response (DO - 3195)	(1,420,000)	(1,420,000)	(1,420,000)
- Family Resource Centers (DO - 3195)	(1,300,000)	(1,437,334)	(1,437,334)
- OCHA Ombudsmen (DO - 3204)	(350,000)	(180,000)	(180,000)
- SNAMHS - PACT (DPBH - 3161)	(300,000)	(150,000)	-
- SNAMHS - Home Visiting Program (DPBH - 3161)	(300,000)	(150,000)	-
- SNAMHS - Dvorkin Recommendations (DPBH - 3161)	(80,454)	-	-
- NAMHS - Home Visiting Program (DPBH - 3162)	(166,615)	(83,308)	-
- Lakes Crossing Additional Beds/Staffing (DPBH - 3645)	(1,562,221)	(1,562,221)	(1,562,221)
- So NV MOST Program (DPBH - 3161)	(459,513)	(459,513)	(459,513)
- So NV Community Triage Center (DPBH - 3161)	(255,500)	(200,000)	(100,000)
- So NV Mental Health Court (DPBH - 3161) ⁽²⁾	(750,000)	(500,000)	(250,000)
- No NV Mobile Crisis Unit (DCFS - 3281)	(124,999)	(124,999)	(124,999)
- So NV Mobile Crisis Unit (DCFS - 3646)	(375,001)	(375,001)	(375,001)
- No NV Mobile Crisis Unit - Expansion (DCFS - 3281)	(635,199)	(635,199)	(635,199)
- So NV Mobile Crisis Unit - Expansion (DCFS - 3646)	(1,316,541)	(1,316,541)	(1,316,541)
439.630(h) - Disability Services:			
- Administrative costs (DO - 3195)	(63,640)	(61,713)	(61,364)
- Respite (DO - 3195)	(650,000)	(675,000)	(675,000)
- Positive Behavior Support (DO - 3195)	(325,000)	(340,000)	(340,000)
- Independent Living Grants (DO - 3195)	(325,000)	(579,672)	(579,672)
- Traumatic Brain Injury (ADSD - 3266)	(1,000,000)	(570,000)	(320,000)
- Alzheimer's Taskforce Support (ADSD - 3151)	(73,000)	(49,582)	(49,582)
- Autism Taskforce Support (ADSD - 3266)	(113,000)	(51,864)	(51,864)
- Autism (ADSD - 3266)	(4,743,933)	(2,500,000)	(2,500,000)
- Family Preservation (ADSD - 3166)	(1,200,000)	(1,200,000)	(1,200,000)
439.630(i) - Disability Rx (ADSD)			
- Administrative costs (ADSD - 3156)	(19,419)	(19,419)	(19,419)
- Disability Rx (ADSD - 3156)	(605,581)	(605,581)	(605,581)
Treasurer's Administrative Costs - (FHN - 1090)	(62,344)	(62,344)	(62,344)
Total Expenditures:	(32,167,326)	(29,442,256)	(28,363,425)
Projected Remaining Cash:	12,338,477	6,274,839	1,044,771
Revenue:			
- April Payment to Next State Fiscal Year	23,277,315	23,032,054	22,790,198
- Prior Year Funds Returned to FHN	-	-	-
- Treasurer's Interest	101,303	101,303	101,303
Total Revenue:	23,378,618	23,133,357	22,891,501
Balance Forward to Next Year:	35,717,095	29,408,196	23,936,272
⁽¹⁾ Creating an alternate funding source from Medicaid.			
⁽²⁾ Creating an alternate funding source from Medicaid through Home & Community-Based Services 1915 (i) waiver.			

Tobacco Settlement Funds Summary by Budget Account

Tobacco Settlement Fund Department of Health and Human Services SFY15 through SFY17

Budget Account	SFY15 Revised	SFY16 Budget	SFY17 Budget
Balance Forward from Previous Year:	44,505,803	35,717,095	29,408,196
3140 - ADSD Tobacco Settlement Program:			
- Administrative costs	(247,684)	(247,684)	(247,684)
- Senior Independent Living	(4,984,340)	(5,763,970)	(5,763,970)
- Assisted Living	(200,000)	(200,000)	(200,000)
Total - B/A 3140:	(5,432,024)	(6,211,654)	(6,211,654)
3151 - ADSD Aging Federal Programs & Administration:			
- Alzheimer's Taskforce Support	(73,000)	(49,582)	(49,582)
Total - B/A 3151:	(73,000)	(49,582)	(49,582)
3166 - ADSD Senior Rx and Disability Rx:			
- Senior Rx administrative costs	(157,116)	(157,116)	(157,116)
- Senior Rx	(2,542,884)	(2,542,884)	(2,542,884)
- Disability Rx administrative costs	(19,419)	(19,419)	(19,419)
- Disability Rx	(605,581)	(605,581)	(605,581)
Total - B/A 3166:	(3,325,000)	(3,325,000)	(3,325,000)
3161 - DPBH SNAMHS:			
- SNAMHS - PACT	(300,000)	(150,000)	-
- SNAMHS - Home Visiting Program	(300,000)	(150,000)	-
- SNAMHS - Dvoskin Recommendations	(80,454)	-	-
- So NV MOST Program	(459,513)	(459,513)	(459,513)
- So NV Community Triage Center	(255,509)	(200,000)	(100,000)
- So NV Mental Health Court	(750,000)	(750,000)	(250,000)
Total - B/A 3161:	(2,145,467)	(1,459,513)	(809,513)
3162 - DPBH NNAMHS:			
- NNAMHS - Home Visiting Program	(156,615)	(83,308)	-
Total - B/A 3162:	(156,615)	(83,308)	-
3169 - ADSD Family Preservation Program:			
- Family Preservation	(1,200,000)	(1,200,000)	(1,200,000)
Total - B/A 3169:	(1,200,000)	(1,200,000)	(1,200,000)
3195 - Director's Office Grants Management Unit:			
- Wellness administrative costs	(358,342)	(421,311)	(426,137)
- Suicide Prevention (DPBH through DO)	(500,000)	(400,000)	(400,000)
- Hunger	(2,300,000)	(2,300,000)	(2,300,000)
- Immunization (DPBH through DO)	(500,000)	(400,000)	(300,000)
- 2-1-1 Support	(500,000)	(700,000)	(700,000)
- Health Access	(300,000)	-	-
- Differential Response	(1,420,000)	(1,420,000)	(1,420,000)
- Family Resource Centers	(1,300,000)	(1,437,334)	(1,437,334)
- Disability administrative costs	(63,640)	(61,713)	(61,364)
- Respite	(650,000)	(675,000)	(675,000)
- Positive Behavior Support	(325,000)	(340,000)	(340,000)
- Independent Living Grants	(325,000)	(579,672)	(579,672)
Total - B/A 3195:	(8,541,982)	(8,735,030)	(8,639,507)
3204 - Director's Office for Consumer Health Assistance:			
- OCHA Ombudsmen	(350,000)	(180,000)	(180,000)
Total - B/A 3204:	(350,000)	(180,000)	(180,000)
3220 - DPBH Chronic Disease:			
- Cessation	(1,000,000)	(1,000,000)	(1,000,000)
Total - B/A 3220:	(1,000,000)	(1,000,000)	(1,000,000)
3266 - ADSD Home and Community Base Services:			
- Traumatic Brain Injury	(1,000,000)	(570,000)	(320,000)
- Autism Taskforce Support	(113,000)	(51,864)	(51,864)
- Autism	(4,743,933)	(2,500,000)	(2,500,000)
Total - B/A 3266:	(5,856,933)	(3,121,864)	(2,871,864)
3281 - DCFS Northern Nevada Child & Adolescent Services:			
- No NV Mobile Crisis Unit	(124,999)	(124,999)	(124,999)
- No NV Mobile Crisis Unit - Expansion	(635,199)	(635,199)	(635,199)
Total - B/A 3281:	(760,198)	(760,198)	(760,198)
3645 - DPBH Facility for Mental Offender - Lakes Crossing:			
- Lakes Crossing Additional Beds/Staffing	(1,562,221)	(1,562,221)	(1,562,221)
Total - B/A 3645:	(1,562,221)	(1,562,221)	(1,562,221)
3646 - DCFS Southern Nevada Child & Adolescent Services:			
- So NV Mobile Crisis Unit	(375,001)	(375,001)	(375,001)
- So NV Mobile Crisis Unit - Expansion	(1,316,541)	(1,316,541)	(1,316,541)
- SAPTA (DPBH - 3170)	-	-	-
Total - B/A 3646:	(1,691,542)	(1,691,542)	(1,691,542)
1090 - Trust Fund for Healthy Nevada			
- Treasurer's Administrative Costs	(62,344)	(62,344)	(62,344)
Total - B/A 1090:	(62,344)	(62,344)	(62,344)
Total All Budget Accounts:	(32,167,326)	(29,442,256)	(28,363,425)
Projected Remaining Cash:	12,338,477	6,274,839	1,044,771
Revenue:			
- April Payment for Next State Fiscal Year	23,277,315	23,032,054	22,790,198
- Prior Year Funds Returned to FHN	-	-	-
- Treasurer's Interest	101,303	101,303	101,303
Total Revenue:	23,378,618	23,133,357	22,891,501
Balance Forward to Next Year:	35,717,095	29,408,196	23,936,272

Tobacco Settlement Funds Spending Plan

Use Category	SFY16 Allocation Amount	SFY17 Allocation Amount	Rationale	Flow of Funding & B/A*	Funding: New, Existing, or Replacement
439.630 (c) - Senior Rx	2,542,884	2,542,884	NRS 439.630(1)(c) authorizes the Senior Rx program to cover the cost of prescription drugs and, to the extent that funds are available, dental, vision and hearing devices. Over the past seven years, Medicare Part D has gradually reduced the FHN funding needed for prescription drugs. Provisions of the Affordable Care Act (ACA) are expected to perpetuate that trend. The proposed allocation to Senior Rx for SFY16 and SFY17 is projected to cover prescription drug coverage for eligible individuals. This is in line with results of the community needs assessment conducted by the Grants Management Advisory Committee (GMAC), which identified help with costs as one of the specific needs within the broad priority of Health/Mental Health.	Into B/A 3156 - To reimburse contractors for the cost of Medicare Part D premiums and prescription drugs.	Existing
439.630 (d) - Senior IL	5,763,970	5,763,970	Needs assessments conducted by the Commission on Aging (CoA) and the Commission on Services for Persons with Disabilities (CSPD) reinforced the need to continue funding senior independent living programs at the current level, if not higher. The proposed allocation represents an increase of about 15.6% compared to SFY14 and SFY15, which would significantly impact waiting lists cited in the CoA's needs assessment.	Into B/A 3140 and funds paid out to subgrantees (non-state agencies) as funds are spent and reimbursement is requested.	\$4,984,340 is existing \$779,630 is replacement
439.630 (e) - Assisted Living	200,000	200,000	This allocation remained in statute after the passage of SB 421.	Into B/A 3140 and funds paid out to subgrantees (non-state agencies) as funds are spent and reimbursement is requested.	Existing
439.630 (f) - Cessation:	1,000,000	1,000,000	Health/Mental Health was the top priority identified in the GMAC's community needs assessment. Within that broad category, programs for tobacco use prevention and cessation ranked second only to mental health services. Nevada ranks 49th in the nation for mortality related to smoking (with 51 being the worst). FHN funds support Chronic Disease through the Tobacco Control and Prevention Programs that are consistent with the guidelines established by the Centers for Disease Control and Prevention relating to evidence-based best practices to prevent, reduce or treat the use of tobacco and the consequences of the use of tobacco.	Into B/A 3220 and funds expended from special-use Category 32. Costs includes transfers to Southern Nevada Health District (\$388,370), Washoe County Health District (\$185,000), Carson City Health Department (\$60,000), non-profits (\$350,000) and general operating costs.	Existing

Tobacco Settlement Funds Spending Plan

Use Category	SFY16 Allocation Amount	SFY17 Allocation Amount	Rationale	Flow of Funding & B/A*	Funding: New, Existing, or Replacement
439.630 (g) - Wellness:					
- Suicide Prevention	400,000	400,000	This allocation continues to provide a stable funding source for the Office of Suicide Prevention. Nevada's per capita suicide rate is a serious concern; it is 63% higher than the national average. Within the broad priority of Health/Mental Health in the GMAC's community needs assessment, mental health was identified as the No. 1 need and suicide prevention was cited among the specific services needed.	Into B/A 3195, then transferred to the DPBH - B/A 3222 as funds are spent and reimbursement is requested. Due to the decrease in funding, only employee salaries and operating costs will be expended (no sub grants).	Existing
- Hunger	2,300,000	2,300,000	Hunger was one of the top four priorities identified in the GMAC's 2014 community needs assessment and in the GMAC's recommendations to the DHHS Director. This is consistent with the 2012 assessment, which triggered a substantial increase in FHN funding for hunger projects. In FY14 and FY15, FHN grants awarded for additional food pantries and one-stop shops (which help individuals and families address the root cause of hunger) have exceeded expectations. Results of the most recent needs assessment indicate that both service providers and community members wish to see these efforts continued. An increase in FHN funding is requested to expand services. At the same time, efforts are underway to diversify funding and maximize federal resources.	Into B/A 3195 and funds are paid out to contractors and subgrantees (non-state agencies) as funds are spent and reimbursement is requested.	\$2,300,000 is existing
- Immunization	400,000	300,000	Nevada is ranked 40th in the nation for childhood immunizations. While this is an improvement over prior years, there is still significant need to continue focusing on this effort. Within the broad priority of Health/Mental Health in the GMAC's community needs assessment, immunization was cited among the specific services needed.	Into B/A 3195, then transferred to the DPBH Immunization Program - B/A 3213 as funds are spent and reimbursement is requested. Funds are expended from special-use Category 14, mostly on transfers to Southern Nevada Health District and non-profits (\$427,000 and \$266,000, respectively over the biennium).	Existing
- 2-1-1 Support	700,000	700,000	In the GMAC's 2014 community needs assessment, Family Support was one of the top four priorities cited by survey respondents and public forum participants. Within that category, Information and Referral/Assistance ranked third among the specific programs and services. This service is provided by a variety of entities. However, Nevada 2-1-1 is the cornerstone, and NRS 232.359 requires DHHS to maintain it. For the past several fiscal years, state funding has hovered around \$500,000. An increase to \$700,000 is requested to offset the expected loss of approximately \$140,000 in funding from other sources and to add \$60,000 for improvements and outreach. Efforts are underway to diversify future funding.	Into B/A 3195 and funds paid out to subgrantees (non-state agencies) as funds are spent and reimbursement is requested.	\$500,000 is existing \$200,000 is replacement

Tobacco Settlement Funds Spending Plan

Use Category	SFY16 Allocation Amount	SFY17 Allocation Amount	Rationale	Flow of Funding & B/A*	Funding: New, Existing, or Replacement
- Differential Response	1,420,000	1,420,000	Family Support was one of the top four priorities identified in the GMAC's 2014 community needs assessment and in the GMAC's recommendations to the DHHS Director. Within that category, Differential Response (DR) ranked second among specific programs and services. DR is a critical component of the Child Welfare system in Nevada. DR workers handle about 10% of the Priority 3 child abuse/neglect cases reported to DCFS. Stable funding is recommended.	Into B/A 3195 and funds are paid out to subgrantees (non-state agencies) as funds are spent and reimbursement is requested.	Existing
- Family Resource Centers	1,437,334	1,437,334	Family Support was one of the top four priorities identified in the GMAC's 2014 community needs assessment and in the GMAC's recommendations to the DHHS Director. Within that category, Family Resource Centers (FRCs) ranked first among specific programs and services. FRCs have become a critical component of the human services network. They serve as the foundation for the DR program (see above) and are considered a trusted partner in the ongoing effort to reach individuals and families eligible for food benefits. FRCs are also one of Nevada's key sources of Information and Referral/Assistance, a service area which clearly needs enhancement based on input collected during the 2014 needs assessment. Funding for FRCs decreased during the economic recession. The recommended allocation would increase funding to the average level calculated over the past 10 years.	Into B/A 3195 and funds are paid out to subgrantees (non-state agencies) as funds are spent and reimbursement is requested.	\$1,300,000 is existing \$137,334 is restoration
- OCHA Ombudsmen	180,000	180,000		Into B/A 3204 and funds are paid out to cover the salary and operating costs of 1 FTE and half of another FTE.	Existing
- SNAMHS - PACT (AOT)	150,000	-	In the 2013 Legislative Session, AB 287 was passed authorizing the involuntary court-ordered admission of certain persons with mental illness to programs of community-based or outpatient services under certain conditions. This request addresses the needs of individuals with mental illness being discharged from jails, prisons and hospitals. Often, failure to attend treatment appointments, maintain medication and retain housing results in revocation of probation and/or return to incarceration or hospitalization. This allocation is aligned with the GMAC's community needs assessment, which identified mental health as the No. 1 need within the broad priority of Health/Mental Health.	Into B/A 3161 with most of the budget to be spent on state personnel and operating costs (no contract costs).	Existing
- SNAMHS - Home Visiting Program	150,000	-	Mental Health Home Visiting for the severely mentally ill with a history of criminal justice involvement is intended to assist families and clients in Nevada's mental health system with the management of life's challenges through education, promotion of safe housing and living environments, self-sufficiency and medical adherence. This allocation is aligned with the GMAC's community needs assessment, which identified mental health as the No. 1 need within the broad priority of Health/Mental Health. The service is further linked to the GMAC's needs assessment, and those of the CoA and the CSPD, through the prioritization of Support for Persons with Disabilities (including independent living).	Into B/A 3161 to cover services provided by contractors.	Existing

Tobacco Settlement Funds Spending Plan

Use Category	SFY16 Allocation Amount	SFY17 Allocation Amount	Rationale	Flow of Funding & B/A*	Funding: New, Existing, or Replacement
- NNAMHS - Home Visiting Program	83,308	-	Mental Health Home Visiting for the severely mentally ill with a history of criminal justice involvement is intended to assist families and clients in Nevada's mental health system with the management of life's challenges through education, promotion of safe housing and living environments, self-sufficiency and medical adherence. This allocation is aligned with the GMAC's community needs assessment, which identified mental health as the No. 1 need within the broad priority of Health/Mental Health. The service is further linked to the GMAC's needs assessment, and those of the CoA and the CSPD, through the prioritization of Support for Persons with Disabilities (including independent living).	Into B/A 3161 to cover services provided by contractors.	Existing
- Lakes Crossing Additional Beds/Staffing	1,562,221	1,562,221	Lake's Crossing Center provides services to individuals who have been evaluated as not guilty by reason of insanity, incompetent to stand trial, or require mental health services in a secure setting. Due to the requirement to transfer individuals more timely from law enforcement facilities, an additional 10 forensic beds were added to the Dini-Townsend Hospital. These funds will be used to staff and operate these additional ten beds. This allocation is aligned with the GMAC's community needs assessment, which identified mental health as the No. 1 need within the broad priority of Health/Mental Health.	Into B/A 3645 to cover services provided by state employees and contractors.	Existing
- Southern Nevada MOST Program	459,513	459,513	To reduce the impact of mental health emergencies on hospital emergency rooms and respond to crises at the street level, Mobile Outreach Safety Teams (MOST) are used. MOST are groups of mental health clinicians that either ride along with law enforcement or are available on-call, to respond to officers dealing with clients in crisis on the street. MOST provide crisis intervention services in the community, provide consultation to hospital emergency personnel, community agencies and citizens, and provide de-escalation and referral to outpatient services. This allocation is aligned with the GMAC's community needs assessment, which identified mental health as the No. 1 need within the broad priority of Health/Mental Health.	Into B/A 3161 to cover services provided by contractors.	Existing
- Southern Nevada Community Triage Center (CTC)	200,000	100,000	The funds will be used to add additional contracted beds and expand services to individuals with co-occurring disorders (mental health and drug and/or alcohol abuse). These individuals will be diverted from local emergency rooms to these additional Community Triage Center (CTC) beds. This allocation is aligned with the GMAC's community needs assessment, which identified mental health as the No. 1 need within the broad priority of Health/Mental Health.	Into B/A 3161 for a contract with WestCare to operate the CTC.	Existing
- Southern Nevada Mental Health Court	500,000	250,000	The Mental Health Court provides court-ordered service coordination and residential services to individuals who were referred to the program in an effort to avoid incarceration resulting from crimes committed due to mental illness. This allocation is aligned with the GMAC's community needs assessment, which identified mental health as the No. 1 need within the broad priority of Health/Mental Health.	Into B/A 3161 for a contract with WestCare to administer payments to service providers.	Existing

Tobacco Settlement Funds Spending Plan

Use Category	SFY16 Allocation Amount	SFY17 Allocation Amount	Rationale	Flow of Funding & B/A*	Funding: New, Existing, or Replacement
- Northern Nevada Mobile Crisis Unit	760,198	760,198	This funding supports the recommendation from the Washoe, Clark and Rural Children's Mental Health Consortium to fund a mobile crisis unit for the region. This unit provides immediate care and treatment from specialized teams to any child or adolescent requiring support and intervention with a psychiatric emergency. This allocation is aligned with the GMAC's community needs assessment, which identified mental health as the No. 1 need within the broad priority of Health/Mental Health.	Into B/A 3281 to reimburse expenditures related to the mobile crisis unit.	\$124,999 is existing \$635,199 is new
- Southern Nevada Mobile Crisis Unit	1,691,542	1,691,542	This funding supports the recommendation from the Washoe, Clark and Rural Children's Mental Health Consortium to fund a mobile crisis unit for the region. This unit provides immediate care and treatment from specialized teams to any child or adolescent requiring support and intervention with a psychiatric emergency. This allocation is aligned with the GMAC's community needs assessment, which identified Mental Health as the No. 1 need within the broad priority of Health/Mental Health.	Into B/A 3646 to reimburse for expenditures related to the mobile crisis unit.	\$375,001 is existing \$1,316,541 is new
439.630 (h) - Disability Services					
- Respite	675,000	675,000	Services for Persons with Disabilities and their Caregivers was among the top four priorities identified in the 2014 GMAC needs assessment. Programs and services within this category were also cited as priorities in the needs assessments conducted by the CSPD and the CoA. The total request of \$1,594,672 for Respite, Independent Living and Positive Behavior Support (PBS) grants that fall within the purview of the GMAC increases funding to the average level calculated over the past 10 years. The subsequent breakdown by program area represents a funding increase for each. The CSPD's recommendation for equal funding in each program area was considered. However, applying that recommendation would have decreased funding for Respite, which was the No. 1 ranked Disability service in the GMAC needs assessment. Meanwhile, PBS would have received significantly more funding than needed based on past spending patterns and the fact that the program also receives \$100,000 annually from ADSD for the same or similar services. Independent Living was identified as the program area with the greatest need for funding restoration based on results of the GMAC and CoA needs assessments.	Into B/A 3195 and funds paid out to subgrantees (non-state agencies) as funds are spent and reimbursement is requested.	\$650,000 is existing \$25,000 is restoration
- Positive Behavior Support	340,000	340,000	See explanation under Respite above.	Into B/A 3195 and funds paid out to subgrantees (non-state agencies) as funds are spent and reimbursement is requested.	\$325,000 is existing \$15,000 is restoration

Tobacco Settlement Funds Spending Plan

Use Category	SFY16 Allocation Amount	SFY17 Allocation Amount	Rationale	Flow of Funding & B/A*	Funding: New, Existing, or Replacement
- Independent Living Grants	579,672	579,672	See explanation under Respite above.	Into B/A 3195 and funds paid out to subgrantees (DETR and non-state agencies) as funds are spent and reimbursement is requested. DETR B/A 3265 did not budget to receive funds as funds are awarded on a competitive basis.	\$325,000 is existing \$254,672 is restoration
- Traumatic Brain Injury (TBI)	570,000	320,000	<p>Support for this program since SFY13 is reflective of the priorities recommended by the GMAC, CoA and CSPD. In fact, Support for Persons with Disabilities (including independent living and caregiver support) was a top priority in the community needs assessments conducted by all three advisory bodies in preparation for the SFY16-17 budget process.</p> <p>TBI services are vital for survivors who need comprehensive, acute rehabilitative therapy but have no payment source. This program, in its current state, was designed to pay for services when insurance and other resources were exhausted. With implementation of the ACA, this program has reduced in scope. The full impact of the ACA is not yet known, but it is expected that the need for this specific program will continue to decrease over time.</p>	Into B/A 3266 - and funds paid out to subgrantees (non-state agencies) as funds are spent and reimbursement is requested.	Existing
- Alzheimer's Taskforce Support	49,582	49,582	Per NRS 439.5083, DHHS was required to create an Alzheimer's taskforce to monitor/update an established five-year strategic plan. The taskforce had previously been supported by various agency staff, but there were not enough resources to provide adequate support for the strategic plan. The funds will cover the costs associated with arranging and hosting meetings to support long-term planning. This will, in turn, help DHHS more effectively support persons with disabilities, which was a top priority in recent community needs assessments conducted by the GMAC, CoA and CSPD.	Into B/A 3266 where the funds are expended by the agency.	New

Tobacco Settlement Funds Spending Plan

Use Category	SFY16 Allocation Amount	SFY17 Allocation Amount	Rationale	Flow of Funding & B/A*	Funding: New, Existing, or Replacement
- Autism Taskforce Support	51,864	51,864	The Autism Commission was established by Executive Order 2011-21 and is obligated to advise DHHS on the development and improvement of services to Nevadans with autism. Funding for the Commission was established in SFY15 by a work program. Also in SFY15, the Director of DHHS appointed ADSD as the lead agency to provide administrative support to the Commission. Going into SFY16 and SFY17, renewed and facilitated input from stakeholders is needed in order to effectively update the original 146 recommendations in the strategic plan and to generate greater collaboration around the development of policy and services. The proposed allocation will ensure that the needs of this population and their family caregivers are met, which is in alignment with the recent community needs assessments conducted by the GMAC, CoA and CSPD. All three cited Support for Persons with Disabilities as a top priority.	Into B/A 3266 where the funds are expended by the agency.	New
- Autism	2,500,000	2,500,000	State General Funds supported this program through FY12. In order to continue providing services after SFY12, some of the funds formerly deposited into the Trust Fund for Public Health (eliminated by SB 421) were redistributed to this program. However, the level of funding has been seriously insufficient to meet the growing need to help families of children with autism spectrum disorders establish home-based therapy programs. The allocation for SFY14 and SFY15 increased support by almost 70%, and the proposed amounts for SFY16 and SFY17 provide another 25% boost. The allocation is in line with the results of community needs assessments conducted by the GMAC, CoA and CSPD, all of which identified Support for Persons with Disabilities (and their caregivers) as a top priority. ADSD will be seeking additional General Fund appropriation for the ongoing operation of the program.	Into B/A 3266 where the funds are expended by the agency.	Existing
- Family Preservation Program (FPP)	1,200,000	1,200,000	The Family Preservation Program (FPP) was created using State General Funds; however, for SFY13, SFY14, and SFY15 the Executive Budget replaced general fund appropriations with Tobacco Settlement funds. FPP has been identified as one of the most cost effective programs operated by the state. FPP provides a monthly cash assistance (\$373) to families that care for a family member with severe or profound developmental disabilities and qualify under the set income criteria. This allocation allows families to support their family member in the family home versus in a more costly out of home placement. It is consistent with results of community needs assessments conducted by the GMAC, CoA and CSPD, all of which identified Support for Persons with Disabilities (and their caregivers) as a top priority.	Into B/A 3166 with funds paid out to provide financial assistance on a monthly basis to low-income families residing in Nevada who are providing care in their home for family members with profound or severe mental retardation, helping offset expenses necessary to meet the special needs of the person, thereby keeping families intact and reducing the need for costly out-of-home placement.	Existing

Tobacco Settlement Funds Spending Plan

Use Category	SFY16 Allocation Amount	SFY17 Allocation Amount	Rationale	Flow of Funding & B/A*	Funding: New, Existing, or Replacement
439.630 (i) - Disability Rx	605,581	605,581	NRS 439.630(1)(i) authorizes the Disability Rx program to cover the cost of prescription drugs and, to the extent that funds are available, dental, vision and hearing devices. Over the past seven years, Medicare Part D has gradually reduced the FHN funding needed for prescription drugs. Provisions of the ACA are expected to perpetuate that trend. This is in line with results of the community needs assessment conducted by the GMAC, which identified help with costs as one of the specific needs within the broad priority of Health/Mental Health.	Into B/A 3156 - To reimburse contractors for the cost of Medicare Part D premiums and prescription drugs.	Existing
Total Program Costs:	28,472,669	27,389,361			
Admin Costs:	969,587	974,064			
Total Tobacco Funds Requested:	29,442,256	28,363,425			
* All funds are transferred from the Treasurer's Office - B/A 1090 into the budget accounts noted.					

Acronyms

- ACA Affordable Care Act
- ADSD Aging and Disability Services Division
- AG Attorney General
- BA Budget Account
- CoA Commission on Aging
- CSBG Community Services Block Grant
- CSPD Commission on Services for Persons with Disabilities
- CTC Community Triage Center
- CTS Computer Technology Services
- DCFS Division of Child and Family Services
- DHHS Department of Health and Human Services
- DO Director's Office
- DPBH Division of Public and Behavioral Health
- FHN Fund for a Healthy Nevada
- FPP Family Preservation Program
- FRC Family Resource Centers
- FTE Full Time Equivalent
- FY Fiscal Year
- GMAC Grants Management Advisory Committee
- I & R Information and Referral
- IT Information Technology
- MOST Mobile Outreach Safety Teams
- NNAMHS Northern Nevada Adult Mental Health Services
- NRS Nevada Revised Statute
- OCHA Office for Consumer Health Assistance
- PACT Programs for Assertive Community Treatment
- Rx Prescription
- SB Senate Bill
- SFY State Fiscal Year
- SNAMHS Southern Nevada Adult Mental Health Services